



## TEMPORARY FOOD ESTABLISHMENT PERMIT APPLICATION

Chelan-Douglas Health District 200 Valley Mall Parkway, East Wenatchee, WA 98802  
TEL: 509-886-6450 FAX: 509-886-6449

This application includes only those food establishments that operate at a fixed location in conjunction with a single event or celebration. Please note that a higher fee is charged if the application is received or postmarked less than eight days prior to the event. No money will be collected at the event (unpermitted establishments will be closed).

*This application is for:*

|  | Normal<br>Fee | Late Fee, by<br>No. days prior to event: |      |      | Class<br>(office use) |
|--|---------------|--|------|------|-----------------------|
|  |               | 3-7                                      | 2    | 1    |                       |
| <input type="checkbox"/> Non Profit Group                                  | \$0           | \$10                                     | \$30 | \$75 | 1021                  |
| <input type="checkbox"/> Low-risk event operating 1-21 consecutive days    | 38            | 48                                       | 68   | 75   | 1056                  |
| <input type="checkbox"/> Higher-risk event operating 1-3 consecutive days  | 75            | 85                                       | 105  | 150  | 567                   |
| <input type="checkbox"/> Higher-risk event operating 4-7 consecutive days  | 113           | 123                                      | 143  | 226  | 1013                  |
| <input type="checkbox"/> Higher-risk event operating 8-21 consecutive days | 150           | 160                                      | 180  | 300  | 1014                  |
| <input type="checkbox"/> Recurring event, not more than 3 days per week    | 150           | 160                                      | 180  | 300  | 1055                  |

Establishment name: \_\_\_\_\_

Event location: \_\_\_\_\_

Name of event : \_\_\_\_\_

Person in Charge: \_\_\_\_\_

Daytime phone:(     ) \_\_\_\_\_ Cell phone: (     ) \_\_\_\_\_

Home phone: (     ) \_\_\_\_\_ FAX number: (     ) \_\_\_\_\_

Mailing address: \_\_\_\_\_

Dates of service to public: \_\_\_\_\_ Time of service: \_\_\_\_\_

Date(s) of preparation: \_\_\_\_\_ Time of preparation: \_\_\_\_\_

Event coordinator: \_\_\_\_\_ Daytime phone: (     ) \_\_\_\_\_

**I understand that all food for this event must be prepared on site on the day of the event or in a Health District approved kitchen. I have read and understand the attached Temporary Food Establishment Information Pamphlet and agree to follow the requirements. I have completed page 2 of this application and attached a sketch of the floor plan/food service area. I understand that the permit will only be valid for the menu items I have described. I attest that the information given in this application is accurate.**

Signature of Applicant **x** \_\_\_\_\_ Date \_\_\_\_\_

This name must be the same as the owner/person in charge name given above.

ID# \_\_\_\_\_

After completing both pages of the application form, return it to the Health District fourteen (14) days prior to the event for approval. Incomplete forms may delay your permit.

List below all food that will be served to the public from this temporary food establishment. Include ice supplier and water supply. Contact the health district if you make any changes to the items listed below. Attach additional sheet if necessary. **Cooling of potentially hazardous foods is not allowed at the booth.**

| Food Item | Supplier | Final cooked food temperature | On-site Preparation? |                    | How served? |      |
|-----------|----------|-------------------------------|----------------------|--------------------|-------------|------|
|           |          |                               | Yes                  | If no, then where? | Hot         | Cold |
| Water     |          | n/a                           | n/a                  | n/a                |             |      |
| Ice       |          | n/a                           |                      |                    |             |      |
|           |          |                               |                      |                    |             |      |
|           |          |                               |                      |                    |             |      |
|           |          |                               |                      |                    |             |      |
|           |          |                               |                      |                    |             |      |
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|           |          |                               |                      |                    |             |      |
|           |          |                               |                      |                    |             |      |

|   |   |
|---|---|
| 1. <b>A handwashing station must be set up and all workers must wash their hands before any food preparation begins.</b> Will there be an insulated water container, a catch bucket for dirty water, a soap dispenser and paper towels?                                   | Yes <input type="checkbox"/> or No <input type="checkbox"/> If no, please describe where food workers will wash their hands.              |
| 2. There can be no bare hand contact with ready-to-eat food. Will there be gloves, tissues or tongs available for food workers to use?  | Yes <input type="checkbox"/> or No <input type="checkbox"/>   |
| 3. What equipment/units will be used on-site to cook food? (i.e. grills, fryers,)? List all.  |   |
| 4. What equipment will you have on-site to keep food hot? List all.   |   |
| 5. How is the cooking and hot holding equipment separated from the public?  |   |
| 6. What equipment will you have on-site to keep food cold? List all.  |   |
| 7. What food do you cool, and where do you do it?   |   |
| 8. Describe how you will prevent cross contamination of raw meat products and ready-to-eat food. Example: 1) Separate ice chest for raw meat storage, or 2) raw meat will be stored on the bottom refrigerator shelf; 3) separate cutting boards for vegetables and meat. |   |
| 9. Will you have a thin metal stem thermometer with a range from 0°F to 220°F?  | Yes <input type="checkbox"/> or No <input type="checkbox"/> NOTE: You <u>cannot</u> use a glass candy thermometer or a roast thermometer. |
| 10. Will you have a bucket with <b>1 teaspoon</b> of bleach per one gallon of water and a clean towel for sanitizing?   | Yes <input type="checkbox"/> or No <input type="checkbox"/>   |
| 11. Wastewater cannot be dumped down a storm drain or on the ground. Where will the wastewater be disposed?   |   |
| 12. What restroom facilities are available for employee use?  |   |
| 13. Describe all sources of power for the event (electric, propane, generators, etc), and amperage from each.   |   |
| 14. <b>Attach a sketch of the floor plan</b> of your proposed booth/area. See example on back of Concessionaires Pamphlet.  |   |

An Environmental Health Specialist will review this application. The review may result in the requirement(s) of:

- Limiting some preparation steps,
- Prohibiting some menu items, and/or
- Imposing additional requirements as necessary to protect against health hazards.